

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of: Arvin Liester

Title: A Frictional Resistance Exercise Apparatus

Serial No.: NA

Filed: 03/___/2004

Group Art Unit: NA

Examiner: NA

Commissioner for Patents

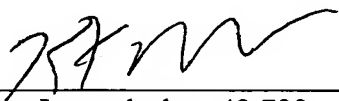
PO Box 1450

Alexandria, VA 22313-1450

Petition To Make Special

As permitted under 37 CFR 1.102(c), the applicant requests that the above referenced and concurrently filed application be made special on the basis that the applicant is over 65 years of age. The applicant's birth certificate and a statement by the applicant are enclosed as proof of his age.

Date 3.30.04



Kurt Leyendecker, 42,799
Attorney for Applicant
9241 S Lark Sparrow Drive
Highlands Ranch, CO 80126
303.921.9536

STATEMENT AND DECLARATION

I hereby declare under penalty of law that I am over the age of 65 and that I was born on the date listed below:

Date of Birth: February 11, 1922

Place of Birth: MENLO, Menlo, Kansas

SSN: 522-22-8308

Arvin Liester 3-24-04
Arvin Liester Date
17950 Martingale Rd.
Monument, CO 80132

ER212371809US

STANDARD CERTIFICATE OF BIRTH.				DO NOT WRITE IN THIS SPACE	
1. PLACE OF BIRTH.		STATE BOARD OF HEALTH.		90 1418	
County of <u>Shenandoah</u>		DIVISION OF VITAL STATISTICS.			
Township of <u>Logan</u>		STATE OF KANSAS.			
City of _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number.)		Reg. No. <u>10</u>	
2. Full Name of Child <u>Arvin Floyd Liesten</u>					
3. Sex of child <u>MA</u>	To be answered ONLY in cases of plural births.	4. Twin, triplet or other _____	5. Number, in order of birth _____	6. Length, male? <u>4</u>	7. Date of birth, <u>July</u> <u>11</u> , 19 <u>22</u> (Month, day)
8. FATHER Full name <u>Floyd A. Liesten</u>			14. MOTHER Full maiden name <u>Gladys M. Blum</u>		
9. Residence (Usual place of abode) <u>Logan Twp</u> If nonresident, give place and State			15. Residence (Usual place of abode) <u>Logan Twp</u> If nonresident, give place and State		
10. Color or race <u>W</u>	11. Age at last birthday <u>28</u> (Years)		16. Color or race <u>W</u>	17. Age at last birthday <u>24</u> (Years)	
12. Birthplace (city or place) <u>Maize</u> (State or country) <u>Kan</u>			18. Birthplace (city or place) <u>Green</u> (State or country) <u>Kan</u>		
13. Occupation <u>Farmer</u> Nature of industry _____			19. Occupation <u>Farmer</u> Nature of industry _____		
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		(a) Number of children born alive and now living <u>2</u>		(b) Number of children born alive but now dead <u>0</u>	
				(c) Number of children stillborn <u>0</u>	
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</p> <p>I hereby certify that I attended the birth of this child, who was <u>born alive</u> (Born alive or stillborn) at <u>6:15 a.m.</u> on the date above stated.</p> <p>Signature <u>[Signature]</u> (Physician or Midwife)</p> <p>Address <u>City, Kan</u></p> <p>Given name added from supplemental report _____ (Month, day, year)</p> <p>Filed <u>July 15</u> 19<u>22</u> <u>E. M. Mott</u> Registrar.</p>					

CERTIFIED COPY OF BIRTH CERTIFICATE

Topeka, Kan. November 4 1941

I hereby certify that the above is a true and correct copy of the original certificate on file in the office of the State Board of Health.

(Seal)

Minnie Fleming
State Registrar

BEST AVAILABLE COPY